

**Company Contact Information**

Company Name: \_\_\_\_\_  
Contact Title/Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Company Primary Phone: (        ) \_\_\_\_\_  
Company Primary Fax: (        ) \_\_\_\_\_  
Company Primary Email: \_\_\_\_\_  
Company Website: \_\_\_\_\_

**Type of Sustaining Membership**

Basic (\$175 per year)     Premier (\$350 per year)

**Payment (U.S. Funds)**

Check     Voucher     Cash     Credit Card  
Card#: \_\_\_\_\_  
 AmEx     Discover     MasterCard     Visa  
Expiration Date: \_\_\_\_ / \_\_\_\_    CVN#: \_\_\_\_\_  
Name on Account: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_    Zip Code: \_\_\_\_\_

**Send Form With Payment To:**

New York State Association of Fire Chiefs  
1670 Columbia Turnpike • P.O. Box 328  
East Schodack, NY 12063 • Fax: (518) 477-4430  
Email: [members@nysfirechiefs.com](mailto:members@nysfirechiefs.com)